

LICHFIELD
Rural District Council.

FOURTH
Annual Report

OF THE
MEDICAL OFFICER OF HEALTH,

L. S. TOMKYS, L.R.C.P., M.R.C.S.

1913.

LICHFIELD:
PRINTED BY F. W. MEACHAM, 36 MARKET STREET.
1914.



Digitized by the Internet Archive
in 2017 with funding from
Wellcome Library

<https://archive.org/details/b29731835>

LICHFIELD RURAL DISTRICT COUNCIL.

Fourth Annual Report
OF THE
MEDICAL OFFICER OF HEALTH,
L. S. Tomkys, L.R.C.P., M.R.C.S.,
1913.

WESTGATE COTTAGE,
LICHFIELD.

MR. CHAIRMAN, MRS. KINGSCOTE AND GENTLEMEN,

I have the honour to submit to you my 4th Annual Report, in which I have brought under review all circumstances which in my opinion have influenced the health of the inhabitants of your District, and have also given an account of the prevailing sanitary conditions and of the work of the Sanitary Department during the year 1913.

The Local Government Board each year issue a memorandum to Medical Officers of Health containing suggestions for the general arrangement of the Report, and drawing attention to the subjects upon which the Board desires particular information. I have as in previous years acted upon these suggestions, and this accounts for certain information being included which to Members of your Council may appear to be superfluous. The section dealing with sewage disposal is again written by your Surveyor (Mr. C. O. Rawstron) while Miss Wheeley furnishes an interesting account of the work of the Nurses engaged under the Tuberculosis scheme.

The Report this year contains several very satisfactory items. The general death-rate is the lowest on record, the infantile mortality and zymotic death rates have again fallen, and the birth-rate has risen from 24 to 25 per thousand. The improvement in general sanitation which I have been able to record for several years past has been maintained, although owing to the amount required to be done, the results may not be very obvious to the casual observer.

During the past year the systematic inspection of the District has been continued by myself and the Sanitary Inspector, and the account of the sanitation of Yoxall appearing in another portion of this Report, completes the inspection of what may be regarded as the urban parts of the area under your control, as Streetly, the only remaining populous centre, will be in a satisfactory state when the work now in hand is completed. Your Council has always carefully considered the reports concerning these areas and made every reasonable effort to remedy any existing evils brought to your notice, and while I do not wish it to be inferred that the work of improvement is by any means complete, yet I think I am justified in saying that definite progress has been made towards the desired end where progress has been possible. In the case of Burntwood things are at present at a standstill, as it would obviously be unwise to attempt any systematic improvements until the sewage scheme is completed, while the report on Yoxall is now brought to your notice for the first time.

I have received Memoranda from the Local Government Board on the following subjects :

1. Diseases of Animals Acts 'Tuberculosis Order of 1913. This deals with
 - (a) Notification of Tubercular diseases in bovine animals.
 - (b) Inspection and examination of animals suspected of being tuberculous.
 - (c) Slaughter of diseased animals.
 - (d) Compensation.
 - (e) Precaution with respect to milk.
 - (f) Isolation of infected animals.
 - (g) Cleansing and disinfection of premises.
2. Epidemic Diarrhœa; Feeding of Infants; Notification of Births Act, 1907.
3. Public Health (Prevention and Treatment of Disease) Act, 1913.

In this Act it is made lawful for any Sanitary Authority to make any such arrangements as may be sanctioned by the Local Government Board for the treatment of Tuberculosis.

SANITARY ADMINISTRATION.

The work of the Public Health Department is conducted by a Medical Officer and a Sanitary Inspector who also acts as Meat Inspector and Inspector under the Petroleum Act. Your Surveyor has charge of the sewage disposal works and is also responsible for seeing that the building bye-

laws are adhered to, while a Staff of Queen's Nurses, located in the different areas, act as health visitors so far as Tuberculosis cases are concerned.

Up to the present time the work has been conducted almost entirely under the Public Health Act of 1875, and in previous reports I have suggested that certain sections of other Acts might with advantage be adopted, in order to facilitate the efforts of your officers. Your Council having decided to consider the advisability of this, the General Purposes Committee went very thoroughly into the question and the result of their deliberations was forwarded to the Local Government Board, whose final decision has yet to be received.

My attention having been drawn to the conditions prevailing in the Spinney portion of Boney Hay, I visited this place, and found the complaint was quite justified. There are no sewers in the Spinney, but the chief nuisance arose from the state of the roads, which at the date of my visit was indescribably bad. From what I observed I should also imagine that all the household refuse was deposited on the roads. I reported this to your Council, and your Surveyor was instructed to take such action as he deemed necessary.

I have received through the County Medical Officer a large number of communications from the School Medical Officers, giving the names of children who were found to be verminous, and recommending the desirability of investigating the sanitary condition of their homes. This was done in every case reported.

An enquiry was held at Burntwood by the Local Government Board Inspector regarding the proposed sewage scheme for this village. The scheme as at present constituted was opposed by the South Staffordshire Waterworks Company, as they feared their wells in the immediate neighbourhood might be contaminated. Up to the present date the report of the Inspector has not been received.

SANITATION OF YOXALL.

I found the general sanitary condition of Yoxall to be very far from satisfactory, and I was not at all favourably impressed with the conditions prevailing at the rear of many of the houses.

The houses forming the subject of this report numbered 61. They were, almost without exception, old, and the condition of some will necessitate inspection under the Housing and Town Planning Act. In addition to the above, 30 others were also inspected, but as they were some little distance away, they have

not been included in this report. Many of these houses were in a dilapidated condition and should also be dealt with under the Housing and Town Planning Act,

Drains.—51 houses had pipe drainage and 10 were devoid of any proper system of conveying sewage matter from the premises. A few of the drains were traced to cess-pools or a ditch, and in the remaining cases it was assumed that the pipes were connected to the sewer, but in several instances it was difficult to ascertain the exact destination. 37 drains were properly trapped, 5 possessed Bell traps, and 9 were untrapped. Ventilation existed on 29 drains and was absent on the remaining 22.

Closets.—4 water closets, 39 privy middens and 16 pail closets were found. Of the privy middens 2 were good, 15 defective or bad, while the remainder were in fair condition.

Ashes.—These were sometimes placed in the middens, but the prevailing practice appeared to be to place them in heaps in different parts of the premises. No large accumulations were seen.

Sinks.—Earthenware sinks predominated, but a number of brick or stone ones were met with.

Water Supply.—This is entirely derived from wells, all of which, with three exceptions, are covered in and have a pump. Some of these wells are in dangerous proximity to the privies.

Sewage Disposal.—It was rather difficult to obtain definite information about the sewers, but apparently the house drains have been connected to the storm water sewer, which, I believe, is the only one available. Two of the water closets are connected to the sewer, and one privy appears to be also directly connected. All the street gullies are trapped. I found 2 outfalls each discharging into a septic tank of small capacity. The effluent from each tank flows along an open ditch through a field to the river. In the one case the length of the ditch is probably 50 yards, and in the other possibly 75 yards. The distance of these ditches from the main streets would not be much more than 100 yards.

With the present system of sewage disposal it is impossible to recommend the substitution of water closets for privies.

The area of the Lichfield Rural District (exclusive of that covered by water) is 63,219 acres, a considerable portion of which forms part of the valley of the Trent, the soil being of a light and porous nature with a subsoil of gravel. It is well wooded, and except in the low lying parts dry. The Chase district is hilly and bracing and possesses many

advantages from a health point of view. The inhabitants are chiefly engaged in either the mining or agricultural industries. At Armitage a few pottery works are situated which give employment to a limited number of persons. Throughout the year trade has been good and the condition of the inhabitants more prosperous.

POPULATION.

The estimated population at the middle of 1913 was 29,215. These figures were supplied by the County Medical Officer and have been used as the gross amount in all the calculations contained in this report. The net amount, 28,215, is obtained by deduction of 1,000 as the approximate number of inmates of Burntwood Asylum who are non-residents in this district. For the Lichfield sub-district the population at the same period would be 18,850, and for the Rugeley sub-district 10,360 approximately.

The number of inhabited houses given in the last census was 5,590, with an average of 5 persons per house, and I do not think the variation in the population and the number of houses which has taken place since then would alter this proportion to any appreciable extent.

VITAL STATISTICS.

All the rates given below are reckoned on the net population,

Birth-rate per 1000	...	...	...	25·1
Death-rate per 1000	...	...	...	10·7
Infantile Mortality per 1000 births	...	...	...	87·3
Zymotic Death-rate	...	...	...	0·63
Deaths from Smallpox	...	...	...	0
„ „ Enteric Fever	...	...	...	0
„ „ Measles	...	...	...	2
„ „ Scarlet Fever	...	...	...	1
„ „ Diphtheria	...	...	...	3
„ „ Erysipelas	...	...	...	0
„ „ Diarrhœa	...	...	...	12

Each of the first 4 items quoted above shews a distinct improvement over the figures for the previous year, but Scarlet Fever and Diarrhœa show a slightly increased mortality.

BIRTHS.

The following births were registered in the district during the year:

Males	...	...	332
Females	...	...	373
			<hr/> 705

Of the above 218 males and 242 females belonged to the Lichfield, while 114 males and 131 females belonged to the Rugeley sub-district. In addition 5 births which belong to this district were registered elsewhere, and the corrected total is therefore 710.

For the purposes of comparison I again append the numbers of births and rates per 1,000 for the last 10 years:

Year.	No. of Births.	Birth-rate per 1000.
1904	768	28.1
1905	719	27.1
1906	731	27.3
1907	683	25.3
1908	691	25.4
1909	738	26.9
1910	731	26.5
1911	708	25.4
1912	678	24.2
1913	710	25.1

Average for 5 years, 26.6

Average for 5 years, 25.6

The birth-rates in the two sub-districts during the last 5 years are shown in the following table :

Year.	Lichfield Sub-district.	Rugeley Sub-district.
1909	28.0	25.2
1910	27.0	25.6
1911	24.9	25.9
1912	23.4	25.0
1913	25.7	23.6

Below are given the birth-rates for the whole district for the different quarters of the year:

1st Quarter	24.2
2nd „	23.3
3rd „	26.3
4th „	25.9

The increase in the birth-rate for the past year was due to an increase in the Lichfield Sub-district, Rugeley Sub-district shewing a decrease for the first time for several years. The birth-rate for the whole district compares favourably with the average of 26.1 for the past 10 years.

DEATHS.

The deaths registered in this district were as follows :

Lichfield Sub-district	249
Rugeley „ „	120
	<hr/> 369

The above represents the uncorrected number, and in order to obtain the correct total it is necessary to deduct the deaths of non-residents, and to add the deaths of residents who died outside the district. The data necessary

for this purpose is supplied by the Registrar General, and I have therefore deducted 99 and added 33. This gives a net total of deaths belonging to your district of 303, and a death-rate calculated on the net population of 10·7.

The annual death rates for the past 10 years were as follows :

Year		Death-rate per 1,000	Year		Death-rate per 1,000
1904	...	13·2	1909	...	13·0
1905	...	13·1	1910	...	12·0
1906	...	12·9	1911	...	11·6
1907	...	11·7	1912	...	11·9
1908	...	12·6	1913	...	10·7

The rate in the Lichfield Sub-district was 9·2, and in the Rugeley 13·2.

The deaths at the different age periods in the two Sub-districts can be compared by the following table :

Age period				Lichfield Sub-district.	Rugeley Sub-district.
Under 1 year				36	26
1 and under 2 years				7	6
2	"	5	"	4	2
5	"	15	"	7	6
15	"	25	"	7	3
25	"	45	"	17	13
45	"	65	"	29	24
65 and upwards				59	57

A comparison can be made with the rates for the previous 5 years in the two Sub-districts by a glance at the following table :

		Lichfield sub-district.	Rugeley sub-district.
1908	...	11·8	13·9
1909	...	12·3	14·4
1910	...	10·5	14·5
1911	...	10·8	12·9
1912	...	11·2	13·1
1913	...	9·2	13·2

The mortality for the different quarters of the year is given below, together with the 3 preceding years :

		Death-rate per 1,000				
		Deaths in				
		1913.	1913.	1912.	1911.	1910.
1st Quarter	...	69	9·7	16·8	13·1	17·2
2nd	"	76	10·7	10·8	10·5	11·9
3rd	"	68	9·6	9·2	12·3	6·3
4th	"	90	12·7	10·4	10·5	12·6

Five deaths were uncertified and 26 inquests were held.

The death-rate for the past year was a very satisfactory one indeed, for not only was it lower than that of any year of which I possess a record, but it was substantially lower

than the previous lowest. This improvement is even greater than would appear from the figures, as the system of dealing with transferable deaths is now much more complete than it was a few years ago, and there can be no doubt that many deaths of residents who died outside the district are now included, whereas formerly they were omitted. It is true that the district is a rural one, but while this description is correct for the greater portion there are several parts which are much more urban than rural in character.

In comparing the deaths which occurred during 1913 with those of the previous year the most prominent feature is the diminished mortality from respiratory diseases, due no doubt to the milder climatic conditions which prevailed during the greater part of the year, the number falling from 73 in 1912 to 38 in 1913. The mortality from these causes was fairly uniform throughout the different quarters of the year, being 7 in the first, 11 in the second, 10 in the third, and 10 in the fourth quarter. The deaths from Nephritis and Bright's Disease increased from 4 to 13 but as 12 of these were over 45 years of age no special importance can be attached to this. Fatal cases of heart disease were much less numerous, and the mortality from Congenital Debility, etc. shows a slight improvement. The combined mortality from Scarlet Fever, Measles, Whooping Cough and Diphtheria also fell from 21 to 9. Deaths from accidents and suicide have increased and give a substantial total of 20, which is considerably above the average, and only on two occasions since 1900 has this figure been exceeded, so that the record low death-rate of the past year is not due to any diminution in the number of accidental deaths. Among the other causes classified in Table 3 no marked differences exist, some showing a slight increase and others a slight decrease and require no special comment.

INFANTILE MORTALITY.

The number of deaths registered as belonging to this district of children under 1 year was 62, of which 5 were uncertified. This gives an infantile mortality rate of 87·3 per 1,000 births, which is a slight improvement on the rate for the previous year, although it is still higher than during 1911. On the whole there has been a steady decline since 1891, when the rate was 127. The average for the 10 years 1891 to 1900 was 121, and for the 10 years 1901 to 1909 was 113, while for the 4 years since then the average was 87·5. The variations during the past 10 years can be seen from the following statement:

Year		Infant Deaths		Death-rate per 1,000	
1904	..	75	..	98	Average 102
1905	..	77	..	107	
1906	..	81	..	111	
1907	..	77	..	113	
1908	..	59	..	85	
1909	..	75	..	102	Average 90
1910	..	71	..	97	
1911	..	53	..	75	
1912	..	62	..	91	
1913	..	62	..	87	

A comparison of the mortality tables for the two years 1912 and 1913 shews very little variation in the causes of death. In both years the majority of deaths is placed under the heading of Premature Birth, Atrophy, etc., but the total for 1913 is rather smaller than in the previous year. Wasting diseases alone again form nearly 20 per cent, and diseases of the digestive tract another 14 per cent, so that these two groups were responsible for about one-third of the deaths, while the above causes plus Premature Births account for about 59 per cent of the infantile mortality. Deaths from all kinds of respiratory diseases are also less, but those certified as being due to the various forms of Tuberculosis have risen from 1 to 4. The diarrhoea mortality has likewise slightly increased, but the difference is small considering the climatic conditions were more favourable for the production of this disease. Two deaths were due to overlying, and in another case it was alleged that death was due to violence, and a criminal charge preferred in consequence.

As such a large proportion of the deaths is generally due to wasting diseases, I have from time to time suggested in my Annual Reports that the appointment of female health visitors would be advantageous, as their services have usually been found to be very efficacious in reducing the death-rate from these causes in districts in which they have been appointed. The question came up for consideration by the General Purposes Committee, but before this Committee met I consulted the County Medical Officer on the subject, and in view of the difficulties due to the extensive area and taking into account the fact that the mortality rate was not unduly high, he was of opinion that the matter was not an urgent one, and the Committee therefore resolved to take no action at present.

The death-rate in the Rugeley sub-district was much heavier than in the Lichfield, being 97 per 1,000 in the former and 78 in the latter area.

I think perhaps the following table giving the number of deaths which occurred in the different localities may prove of interest:

Chasetown	2	Kings Bromley	1
Chase Terrace & Boney Hay	10	Yoxall	4
Burntwood	7	Orgreave	1
Hammerwich & Watling Street	3	Elford	1
Gentleshaw	1	Fisherwick	2
Hazel Slade	3	Whittington	5
Elmhurst	1	Swinfen	1
Longdon	2	Shenstone	2
Brereton	5	Wall	1
Colton	2	Stonnall	1
Armitage	4		

From the above it will be noticed that nearly 30 per cent of the infantile mortality occurred in a fairly compact area represented by Chasetown, Chase Terrace and Burntwood, and it would appear that some advantage might be derived from the appointment of a health visitor for this district only.

A few years ago the late Dr. Clark, who was then your Medical Officer of Health, prepared a leaflet giving directions as to the care and proper feeding of infants, which leaflet was given by the Registrars to each person who registered a birth. This practice still continues.

INFECTIOUS DISEASES.

I regret that I cannot report so favourably regarding the number of infectious cases which have occurred during the past year, the total 124 being considerably in advance of that for 1912. Notwithstanding this increase the total is still satisfactory when compared with most of the years included in the table below :

1901 ...	250	1907 ...	176
1902 ...	165	1908 ...	159
1903 ...	89	1909 ...	164
1904 ...	272	1910 ...	366
1905 ...	168	1911 ...	293
1906 ...	215	1912 ...	67

Pulmonary Tuberculosis, which has now been a notifiable infectious disease for several years, is excluded from the above figures, being dealt with under a separate heading.

The cases notified were :

Scarlet Fever	89
Diphtheria	29
Erysipelas	5
Enteric Fever	0
Puerperal Fever	0
Ophthalmia Neonatorum ...	1

In addition to the above, 28 cases of Pulmonary Tuberculosis and 17 of other Tubercular diseases were notified.

The increase this year was entirely due to Scarlet Fever, and under the heading "Scarlet Fever" I have endeavoured to give the reasons for this. Diphtheria cases were exactly the same as in the previous year, while those of Erysipelas were rather less. Apart from the above the district was free from all other notifiable diseases, and speaking generally of those notified most of them were of a mild nature with here and there a severe and fatal one. As regards the distribution, 89 were reported from the Lichfield and 35 from the Rugeley sub-district. During the first Quarter 39 notifications were received, in the second 24, in the third 28 and in the fourth 33.

The weekly lists furnished by the Head Teachers of Schools I still find of great use, as not only do they give warning of the commencement of an epidemic, but they also bring under notice diseases which, while being of an infectious nature, are not notifiable.

The facilities afforded by the County Council for bacteriological examinations of specimens for the detection of infectious diseases have again been freely made use of by the Medical Practitioners in the district, and about 140 specimens have been sent for examination in connection with Diphtheria. It is also worthy of note that the number of specimens sent for examination for tubercle bacilli was more than double that sent during the previous year.

Further observation confirms the remarks I made in my last annual Report to the effect that children suffering from Adenoids and enlarged Tonsils seem to be especially liable to Scarlet Fever and Diphtheria, and it is certain that these children when infected are more likely to suffer from complications due to local extension of the inflammation.

In dealing with infectious diseases my experience goes to show that the carrier case is the all important factor and the School the chief centre of distribution.

Scarlet Fever.—Of the 89 cases of this disease which were reported, 34 occurred in the first, 21 in the second, 18 in the third, and 16 in the fourth Quarter, while 57 were from the Lichfield and 32 from the Rugeley sub-district.

I again append a Table shewing the number of cases in the past 10 years in order to facilitate comparison.

Year		Number	Year		Number
1904	...	231	1909	...	137
1905	...	125	1910	...	267
1906	...	154	1911	...	89
1907	...	102	1912	...	26
1908	...	99	1913	...	89

The increase was most marked early in the year, when an epidemic of a very mild type commenced. So slight were some of the cases that the Medical Men in charge frequently experienced difficulty in arriving at an early diagnosis. Under such circumstances it follows that many cases must have been entirely overlooked by the parents, and being allowed to mix with others continued to spread the disease and so added greatly to the trouble of dealing with the outbreak.

In my last Annual Report in discussing the occurrence of Scarlet Fever at Elmhurst I stated that the measures adopted to check it had apparently proved successful. Subsequent events proved that this statement was scarcely justified, as upon the School re-opening the trouble re-occurred. I therefore visited the School and inspected all the Scholars and found one in the peeling stage. Further investigation brought to light the fact that a brother at home was also in a similar condition. These patients were removed to the Isolation Hospital, and although their removal did not terminate the epidemic the experience illustrates one of the difficulties encountered in suppressing these outbreaks. There is little doubt in my mind that similar conditions exist in other Schools, as in the course of my enquiries into the origin of these epidemics I have several times found children in an infectious state sitting unrecognised among the other scholars, and early in the year the School Medical Officer while conducting the routine inspection of children also detected one.

The remaining cases were more of a sporadic nature and were reported from various portions of the district.

The methods employed to check the spread have been :

1. Removal to Isolation Hospital. The circumstances governing the choice of a case for removal are detailed under the heading "Isolation Hospital."
2. Exclusion of the remaining children of the same family from school for a period representing the maximum incubative period of the disease.
3. As thorough a disinfection of the premises as possible. This is generally done by fumigation with Formaldehyde and spraying with a solution of Cyllin.
4. Inspection of the premises for sanitary defects.
5. When home isolation is adopted printed instructions are given to the parents pointing out the course to be pursued, and cards are left to be signed by the Medical Attendant when the patient is free from infection.
6. School disinfection.

Diphtheria.—The number notified as suffering from this disease was exactly the same as during 1912, namely 29, of which 5 were in the first Quarter, 1 in the second, 8 in the third and 15 in the last, while 28 were from the Lichfield and 1 from the Rugeley sub-district.

In connection with the number of notifications received, I should again like to emphasize the fact that throughout your district extensive use is made of the bacteriological method of diagnosis, with the result that many cases are reported which, if ordinary clinical methods were relied upon, could not possibly be recognised. I make this statement because, although it is in the interest of the public health that these slight cases should be detected and isolated, yet it gives a fictitious idea of the prevalence of this disease compared with districts where these means are not so extensively employed.

The most serious epidemic occurred at Elford, where the first case proved rapidly fatal. The origin was not definitely traced; but as the result of investigation I am of opinion that it was probably imported from outside the district. In an endeavour to check the epidemic all the infected children were removed to the Isolation Hospital, the Schools were closed and the other usual precautions taken. The patients were kept in Hospital for a month and two consecutive negative swabs having been obtained they were discharged. Within a week another case was reported which proved to be in a house to which one of the children discharged from Hospital had so recently returned. A third swab was therefore taken from this child's throat and this was found to be again positive. The School was also visited and swabs taken from all contacts, who were sent home pending the receipt of the report from the University, but as all were negative these children were re-admitted to School.

In my last Annual Report I brought to your notice the uncertainty which prevailed as to when a Diphtheria patient was free from infection, and mentioned that while two successive negatives were obtained from patients in the Isolation Hospital before discharge, the rule as regards private practice was to obtain one only. Although one negative may be sufficient in the majority of cases it is clear that in a fair proportion it is insufficient, while the above-mentioned instance shews that two consecutive negatives cannot be entirely relied upon. I think, however, the exceptions must be few—at any rate this is the only occasion upon which I have obtained definite evidence of failure.

The simplest mode of dealing with these epidemics is to close the Schools, but unfortunately it has its limitations, and something more is usually necessary if permanent good is to result. When the Schools are closed it is only possible to keep under observation the children from infected houses, and cases of slight sore throat, possibly diphtheritic in nature, may occur among the others and escape detection. These children are of course admitted to the School when it re-opens and additional cases of Diphtheria are frequently the direct consequence thereof. I may here mention that on more than one occasion your Sanitary Inspector has reported to me that School Authorities have endeavoured to bring pressure to bear on parents to allow children suffering from Diphtheria to return to School at the expiration of the period allowed by the Code for this disease, without reference to the results of bacteriological examination. This policy if allowed to succeed would prove most mischievous and would counteract to a great extent the efforts of your sanitary officials, as Diphtheria cases may continue to be infectious for a very long period, and I have on several occasions been compelled to keep patients in the Isolation Hospital for 10 weeks before they could be pronounced free from infection, in spite of systematic attention to the throat.

When a notification is received the house is visited and if the accommodation is limited the patient is at once removed to the Isolation Hospital. The house is then disinfected as thoroughly as possible and notice served to remedy any insanitary condition which may exist. Disinfectants are also supplied and the remaining children (if any) put in quarantine for at least 14 days. The patient remains in Hospital until two successive swabs give a negative result. After the clothing has been disinfected in the Steam Disinfector the patient is discharged, instruction being given that he should be kept away from other children as far as practicable, and 1 month should elapse before he again attends school. Where accommodation is available home isolation is allowed and printed instructions left for the information of those in charge, pointing out the rules to be observed in order to lessen the risk to other persons. Disinfectants are given and a post card left to be signed by the Medical Attendant when the patient is free from infection, the premises then being disinfected by means of spraying and Formaldehyde vapour. Any children in the house are prohibited from attending School during the course of the illness, and the Doctor in charge almost invariably takes rubbings from the throats of the remaining members of the family.

Antitoxin is still supplied free to those persons who are not in a position to pay for it, but the demand has fallen considerably during the last 2 years. The serum is stocked by Mr. Charrington of Lichfield, who forwards it to the Medical Attendant upon receipt of a written order signed by myself.

Three deaths were registered, giving a case mortality of 10·3 per cent, against 13·7 for 1912.

Acute Poliomyelitis.—Since the epidemic at Whittington in 1911 no case of acute Poliomyelitis has been reported in this district. As the Local Government Board desired information regarding the after results of these cases I made enquiries, and in those whom I was able to trace I found that very excellent recoveries had resulted, although they all shewed paralysis of some of the muscles originally affected. None of the children shewed any marked deformity and will not, I think, be handicapped in after life to any great extent.

Diarrhœal Diseases.—The deaths from all forms of diarrhœal diseases shew an increase of 3 over those of the previous year. From what I can ascertain, diarrhœa was not unduly prevalent, although the climatic conditions towards the end of the summer were somewhat favourable for its production. The appended table, which gives the number of deaths in each year since 1901, will enable you to appreciate how the past year compared with previous ones:

Year.		Number.	Year.		Nnnumber.
1902	...	14	1908	...	15
1903	...	11	1909	...	18
1904	...	9	1910	...	12
1905	...	15	1911	...	15
1906	...	14	1912	...	9
1907	...	14	1913	...	12

As defective sanitation and overcrowding tend to increase the mortality from these diseases, it is satisfactory to know that the diarrhœal death-rate has not recently been high.

Enteric Fever.—For the first time since 1907 a complete year has elapsed without a case being reported, and I hope this satisfactory state of affairs will continue.

Erysipelas.—Only 5 cases were reported and no special comment is called for as they all were of a mild character.

Puerperal Fever.—I am glad to say that no case has been notified during the year. This is noteworthy inasmuch as for many years a few have been reported annually with an occasional fatality.

As the administration of the Midwives Act is in the hands of the County Medical Officer, all cases as they arise are immediately reported to him.

Ophthalmia Neonatorum.—For the first time since the notification of this disease has been adopted a case has been reported. I am glad to state it was of a very mild type, and as skilled attendance was provided, no active measures on the part of your officers were necessary. Recovery was complete, no defect of vision remaining.

Measles.—The lists supplied from the Schools of scholars absent owing to infectious diseases furnish the principal source of information regarding the number of cases of Measles in the district. Apparently about 90 children attending school were affected, the chief centres being Hoar Cross, Hamstall Ridware and Shenstone. At Hoar Cross the epidemic was so severe as to necessitate school closure. The cases must have been mild, as no fatality occurred among the school children, the only 2 deaths which took place during the year being of children under 2 years of age.

Whooping Cough.—Only a few isolated cases came under my notice through the medium of the school lists, but 3 children under 2 years of age died from this disease.

Chicken Pox.—The cases reported were very few and possessed no particular interest.

Mumps.—Following the epidemic at Alrewas in 1912, Mumps were very prevalent during the past year. According to the school lists about 117 scholars were said to be suffering from this complaint. The districts affected were Whittington and Weeford, the infection being introduced in all probability from Alrewas, but Stonnall and Brereton also suffered to a less extent.

The district has been free from Smallpox, Plague, Cholera, Typhus, Relapsing or Continued Fever, and Cerebro-Spinal Meningitis.

ISOLATION HOSPITAL.

The Isolation Hospital situated at Curborough is provided by the Urban and Rural District Councils of Lichfield for the reception of cases of infectious diseases occurring in the two districts, and is under the management of a joint committee. The total number of beds is 44, which theoretically is divided equally between the two Authorities, but as a matter of practice no hard and fast line is drawn, each Authority appropriating more or less as circumstances demand, for it seldom happens that severe epidemics are present in both districts simultaneously.

No alteration in the general construction and arrangement of the Hospital has been made during the year, and the main building, which was originally a farm house, has been used as before for administrative purposes, and for the treatment of Scarlet Fever patients. This section, apart from the administrative portion, possesses 5 wards, 3 of which are quite good and the other 2 fair. A sixth ward could also be utilized on emergency, but this would give rise to some inconvenience, as under normal conditions it serves as a store-room, and personally I do not think it suitable for use as a ward. Under ordinary circumstances the number of beds available for Scarlet Fever is 22, but I consider 19 is the maximum number which should be used; by including the above-mentioned ward, however, several more can be obtained. This system of separate small wards, situated as they are on the 1st and 2nd floors, means when they are fully occupied much extra work for the Staff, but it has the advantage that septic cases can be kept separate from mild ones.

Since the issue of my last Annual Report a ventilating window has been added to another ward, and the work of whitewashing and colouring, which some of the wards badly needed, has been completed, and the general internal condition of this section of the Hospital is now more satisfactory. Additional fire appliances of a more up-to-date character have also been provided, but I am not satisfied that they are even now adequate when the isolated situation and the length of time which would probably elapse before assistance could be obtained are taken into consideration.

Although 40 patients were admitted from the Rural District, there was not at any time any strain on the accommodation owing to the even distribution of the cases throughout the year, and the cubic space available for each patient was ample. Two of the cases were temporary residents, one being removed from the Camp of the Officers' Training Corps and the other from an encampment of Boy Scouts. All the patients made good recoveries and no complications were met with.

The cottages adjacent to the Scarlet Fever block have been reserved during the last few years for Diphtheria cases only. Three small wards are available which altogether will accommodate 9 patients, but this number I think to be excessive until the ventilation has been improved. The accommodation, although limited, has usually proved sufficient for the needs of the district, and it is only occasionally that additional beds are required. The necessity for these, however, did not arise during the year under review. In my

last Report I had occasion to mention the absence of a proper system of ventilation in the wards, and I understood subsequently that this fact was brought to the notice of the Joint Committee. Some misunderstanding, however, appears to have arisen, and the attention of the Committee was not drawn to the matter until late in the year, and as the Wards have been continuously occupied since then, it has not been possible to make a commencement, but I am informed that as soon as they are vacant the alterations will be at once proceeded with. It would be well at the same time to re-decorate the wards, as it is, I think, about 3 years since they were done. The walls in 2 of the wards shew some signs of dampness, which should be remedied if possible.

Only 8 cases were admitted to the Diphtheria block during the year. 7 of these made excellent recoveries and gave no anxiety, but I regret to say that 1 proved fatal from Acute Nephritis following Diphtheria.

The Hospital possesses no proper Discharging Wards, and although this is sometimes rather inconvenient, no real disadvantage appears to result from their absence, but the question of the provision of a better mortuary might be taken into consideration.

The Staff consists of a Sister-in-charge, 1 Nurse and 1 Probationer. Under ordinary conditions this number is sufficient for the efficient conduct of the establishment, but it occasionally happens that extra assistance is required. A trained nurse is then engaged temporarily from a Nursing Institution, and this had to be done in the above-mentioned fatal case, as the patient required constant attention night and day for several weeks. I am satisfied that the Staff discharge their duties thoroughly and that every care is exercised to ensure a successful termination to each case, and I believe your Council have at various times received letters from patients or relatives bearing out these statements. It is a pleasure to be able to record that the wards were always scrupulously clean whenever I visited the Hospital.

In deciding upon removals each case is considered on its merits, but the following circumstances receive special consideration:

1. First cases in a locality.
2. Cases which if left at home would endanger a milk or food supply.
3. Cases in which home isolation would cause overcrowding and be a danger to other members of the household or make it impossible for the breadwinner to follow his occupation without risk to others,

It was found necessary to remove 40 per cent of the cases notified. A few years ago the percentage was much greater, but as far as I can judge the results were no better than those obtained under the present policy. This I attribute principally to the 2 following reasons:

1. Medical advice is often not sought for several days, so that before the patient can be removed others have been infected.
2. The number of unrecognised carriers. Unless these are detected isolation in hospital merely removes the effect and leaves the cause at work.

The Smallpox Hospital has again been vacant throughout the whole of the year. Everything, however, is kept in readiness, and if required, a patient can be received without any delay. The number of beds in this section is 8.

The Thresh Steam Disinfector continues to work satisfactorily.

HOUSING ACCOMMODATION OF THE WORKING CLASSES.

The Local Government Board desires specific information to be given concerning the character of the housing accommodation throughout the district, with special reference to the localities in which there is a scarcity of houses. The work under the "Housing and Town Planning Act" and "Inspection of District Regulations" should furnish this information, but in your district attention has been confined to those houses which obviously needed it, and while this method fails to give such a complete knowledge of housing requirements as a systematic inspection would give, it has the advantage of rendering habitable within a short time a number of houses scattered throughout the district which would otherwise have to wait their turn. With regard to the demand for houses I have obtained through your Clerk (Mr. T. Moseley) the opinions of the Assistant Overseers of the various Parishes, and I have to thank these gentlemen for the way in which they have responded to the request. They reply as follows:—

Parish of Burntwood, Edial and Woodhouses:—Only a shortage of 3-roomed houses, and there are more of those now being built, but a good tenant can always find a house.

The works of the Chase have not increased while property is still increasing.

Ogley Hay Rural :—There would be a good demand for about 30 extra houses of about 5/- a week rent. These are very scarce here.

Hammerwich :—I believe that if there were 12 to be let at 4/- to 5/- per week they would be set at once.

Longdon :—There is a shortage of houses in the Gentleshaw Ward to accommodate miners who, while working at a distance, prefer to reside there. The number required is uncertain.

The replies from all the other Assistant Overseers state that in their opinion no additional houses are required in their respective parishes.

The character of the accommodation varies greatly in the different localities. In Chase Terrace for instance, where most of the houses are comparatively new, the accommodation is very fair, but in the older villages, such as Yoxall, it is not so good, as the houses almost without exception are very old. Attention has been directed to this latter class of property under the "Housing and Town Planning Act," with the result that many of them have certainly been much improved, but even now I cannot say that they are converted into ideal dwellings. The more recently erected houses are all substantially built of brick, tiled roofs being generally favoured, while 2 living rooms and usually 3 bedrooms are provided. As I have before mentioned quite a large number of houses are met with in which no suitable provision has been made for storing food, and I suggested that it would be well if all new buildings were provided with either a cellar or a pantry, as it can scarcely be deemed satisfactory that tenants should be obliged to store their food in a cupboard beside the kitchen fire-place or underneath the stairs as so many are compelled to do. Application was made to the Local Government Board for permission to add a Bye-law to the effect that all new buildings should possess a suitable food store, and the following reply was received :—

In the Board's opinion the provision of Larders cannot be required by a Bye-law under section 157 of the Public Health Act, 1875. The Board have however in some cases confirmed a bye-law to the following effect, viz :—"Every person who shall erect a new domestic building and shall provide therein a pantry or larder as a place for storage of food for man shall cause such pantry or larder to have adequate, suitable and permanent means of ventilation directly to the external air."

Houses in which through ventilation cannot be secured, such as the back to back variety, are not numerous, and speaking generally the houses in this district have sufficient

space for free circulation of air, and are not unduly crowded together.

Cases of overcrowding are detected from time to time and are promptly dealt with in the usual manner, but unless strict supervision is exercised there is a tendency for the overcrowding to be merely transferred from one house to another. Even where legal overcrowding does not exist I am still of opinion that the occupants of many houses are too numerous.

The Sanitary Inspector gives in his report full details of the work done under the "Housing and Town Planning Act," the number of houses inspected being 180. The total number of houses dealt with since the above Act came into operation is now 510, and of these a considerable proportion have undergone extensive alterations. This means much extra work on the part of your Sanitary Inspector, as constant supervision is necessary to ensure the alterations being carried out according to his instructions.

No action has been taken under Part III. of the "Housing of the Working Classes Act, 1890."

Plans of all new houses must first be submitted to your Surveyor, whose duty it is to see that they conform to the bye-laws.

FOOD POISONING AT ALREWAS.

Outbreaks from this cause appear to be rare in your District, as I cannot find any reference to such in any of the previous Annual Reports.

Early in May my attention was drawn by Dr. Johnston, of Alrewas, to the fact that he had a number of patients suffering from Ptomaine Poisoning, which in his opinion was due to consumption of a certain article of food. I visited the village and with the assistance of your Sanitary Inspector obtained particulars of each case, the result of this investigation pointing to some pressed hock as the chief offender, although there was evidence to shew that some potted meat, chitterlings and sausage were responsible for a few of the cases. As several days had elapsed since the food was purchased, it was only possible to secure one slice of pressed hock, the rest of the food having been eaten or otherwise disposed of. This sample, with the approval of your Council, was forwarded to the Birmingham University for analysis, and the following is a copy of Professor Leith's report:

THE UNIVERSITY,
(Pathological Department),
GT. CHARLES STREET,
BIRMINGHAM,
26/5/13.

TO THE CHAIRMAN,
THE LICHFIELD RURAL DISTRICT COUNCIL,
LICHFIELD.

DEAR SIR,

Food Poisoning Cases. Alrewas Parish.

On the 8th inst I received 49 grammes of pressed hock from Mr. B. L. Illingworth, with the request that I should examine it for ptomaine poisoning. I wrote him per return asking for a further supply of the food and for particulars of the cases attacked. He replied by return that no more of the food was available and sent me particulars so far as they were known to him of the outbreak. I have received no further particulars from any other source. He informed me: 1st.—That 20lb. of pressed pigs' hocks, an unstated quantity (but probably 4 to 5lb.) of chitterlings and about 50 to 60lb. of sausages were made and sold on Thursday, 1st inst., and of that, 4lb. of hock, 4 to 5lb. of chitterlings, and 40 to 50lb. of sausages reached the inhabitants of the Alrewas Parish on that and the two following days. 2nd.—That illness, chiefly sickness and diarrhoea, attacked people suddenly on the Friday, Saturday, or the Sunday. 3rd.—That all the sick people had partaken of one or other of these foods 12 to 24 hours previously. Thus out of almost 24 people of various ages who partook of pressed hock 16 suffered and the rest escaped, out of 2 who partook of chitterlings, 1 suffered and the other almost escaped. 1 who took potted meat suffered and 2 who took sausages suffered. 4th.—That the illness began mostly in 12 to 18 hours after the food was taken and after lasting a few hours disappeared. No case died and none appeared to have been seriously ill.

I have no information as to what happened to the rest of the food, whether it was sold and consumed with or without attendant hurt. There is therefore strong presumptive evidence that the 3 foods above-mentioned, particularly the pressed hock, contained a poison either in the form of a poisonous substance or of a germ capable of multiplication and of causing disease on its entrance into the body of man.

The shortness of the interval between the time of eating the food and the time of commencement of the illness (about 15 to 16 hours on the average) points rather to a toxin than to a living germ. But since in some of the cases this interval is a little longer, it is possible that a living germ was present also in them. I therefore subjected the hock sent to me to two classes of test, the one designed to show the presence of a poison and the other of a living germ. Of the 49 grammes sent, 45 were used as food for rats, the hock being minced very finely and mixed with a certain quantity of bread and milk, other rats being fed with the bread and milk alone as a control. Both sets of rats remained so far as I could tell equally well, those fed with the hock showing no sign of illness. This seems to exclude a poison. The other 4 grammes were used after sterilisation of the surface to inoculate various culture media. The sterilisation of the fat was more difficult to accomplish than that of the lean. A considerable number of non-lactose fermenting colonies were obtained more from the fat than from the lean, but further investigation of all these colonies proved that none of them consisted of the bacillus of Gaertner or of any of the allied bacilli capable of causing meat

poisoning, since a large series of cultures was made and repeated, I am confident that the hock submitted to me did not contain a germ capable of causing illness.

CONCLUSION.—This bacteriological investigation appears to exonerate the hock. It certainly shows that it did not contain enough poison, if it contained any, to affect the health of rats, animal which are susceptible to food poisons. On the other hand, if the facts quoted above as having been reported to me by Mr. Illingworth are correct, the hock probably did contain poison in small quantity which would have been detected had a larger quantity of the hock been available for examination. It is, however, improbable that it contained any living germ capable of causing the illness.

I shall be glad to have a copy of the full investigation of the outbreak after completion.

Yours faithfully,
R. F. C. LEITH,

An Inspector of the Local Government Board visited Alrewas and conducted an investigation on their behalf, and he informed me that he was quite satisfied that the articles mentioned were the causes of the outbreak. About 25 persons were attacked, most of them being only slightly affected, but 1 patient was seriously ill for some time. No other cases could be traced in your district, but the Medical Officer of Health for Swadlincote, in reply to a letter from me, stated that a number of cases had been reported to him which were due to a similar cause.

As the food was prepared in Burton-on-Trent the Sanitary Authorities of that town were notified, and they expressed themselves satisfied with the conditions under which the food had been prepared.

I informed the County Medical Officer of the outbreak as soon as I was in possession of the facts.

TUBERCULOSIS.

I have received 28 notifications of Pulmonary Tuberculosis and 17 of other Tubercular diseases. These latter cases have only been notifiable since February 1st, 1913, but the importance of this measure can be appreciated by reference to Table 3, which shews a mortality from these causes of 9 compared with 16 from Pulmonary Tuberculosis, a proportion which has varied but little for many years. Sixteen patients with Pulmonary and 16 with other forms of Tuberculosis were resident in the Lichfield sub-district and 12 of the former type and 1 of the latter belonged to the Rugeley sub-district.

The notifications when received are forwarded to the Superintendent Nurse (Miss Wheeley), who distributes them among the district Nurses acting as health visitors according to the areas in which the patients reside. Systematic visiting is then carried out, advice and instruction

being given to patients and other responsible members of the household. The Nurses carry out their duties with zeal and tact, and I have reason to believe that their visits are almost invariably welcomed. Any defect which may exist in the dwelling or its sanitation is reported to your Sanitary Inspector, who deals with it in the usual manner.

The appended report by Miss Wheeley is of a particularly interesting character and worthy of careful perusal. It will be noticed that the routine visits to notified cases of Tuberculosis have been the means of bringing to light a number of doubtful or previously unknown cases, a branch of the work the usefulness of which it would be difficult to overestimate. Miss Wheeley also refers to the housing requirements of the patients and mentions that certain of the homes under the special circumstances are over crowded. This statement I quite agree with, but it must be borne in mind that the need for additional accommodation is most urgent when the means with which to provide it are least available. Tuberculosis implies a long illness and therefore a severe financial strain in any case, and when, as so often happens, the patient is the bread winner, the income is materially reduced over a prolonged period. Under such circumstances as these to remove to a larger house is usually an impossibility, but the necessity for this can sometimes be obviated by the use of a shelter. Formerly when these were not available a separate sleeping room for the patient could not often be obtained without overcrowding the other bedrooms. Several of these shelters are now in use in your district and have proved of considerable service as they give an additional room, provide the means of obtaining open air treatment and reduce the risk of infection to others.

As a result of the Insurance Act the difficulties which were formerly encountered when Sanatorium treatment was required have to a great extent disappeared, and it is now generally possible to obtain this form of treatment for insured patients without experiencing the prolonged delay which diminished so materially the chances of a good recovery. The number of insured persons in this district who received Sanatorium benefit was curiously small, and bears quite a small proportion to the total number of cases requiring it, and if the experience in other districts is similar it is clear that the same facilities will have to be afforded to dependants as to insured persons if the best results are to be obtained. The Dispensary system has not been in operation during the year, but I understand at the moment of writing that a commencement has been

made. When thoroughly established the Dispensaries should prove of great service, as if Sanatorium treatment is to be anything like successful the cases must have careful subsequent supervision. It would be well if some scheme could be devised whereby patients discharged from Sanatoria could be assisted in finding suitable employment, as a return to their previous occupations would, at least in some instances, speedily undo the good resulting from the Sanatorium treatment, and to find such an occupation is not always an easy matter, as in addition to being a healthy one it must not be unduly laborious if it is to suit those who are not completely cured.

The improvement in housing accommodation and in the conditions of labour in factories and workshops must inevitably result in a diminution of tuberculous cases, and while I do not undervalue the good to be obtained from Sanatorium and Dispensary treatment it is obvious that in fighting this disease the most effective weapon is social reform.

The facilities for bacteriological examination of sputum have been more freely utilized, as 40 specimens were sent against 16 for the preceding year.

After a death from Tuberculosis the rooms which were occupied by the patient are thoroughly disinfected and the paper stripped from the walls.

REPORT ON TUBERCULOSIS VISITING BY MISS WHEELLEY. 1913.

I beg to report as follows :

During 1913, 63 cases of tuberculosis, or suspected tuberculosis, have been visited,

Of these 9 were on the books during 1912

54 were new cases

22 have gained weight

7 have lost weight

In 14 the gain or loss is not definitely known

3 have left the district

and 16 have died.

14 of the 63 cases were discovered in various ways by the Visiting Nurses; some have since been notified by their doctors, some have not. In a few of these 14 cases tuberculosis is suspected but not actually diagnosed, for example, 2 married women (not insured, nor in any club, dispensary nor under the Poor Law), we have not yet succeeded in

persuading to go to a doctor to be examined. In one case the reason given is the expense, and in the other that she is very much better and feels quite well now.

49 of the cases are Pulmonary Tuberculosis, the other 14 are other forms of Tuberculosis.

Of these 63 cases 20 are men, 23 women and 20 children.

Only 1 patient is having Tuberculin injected.

Poor Law Cases.—8 are parish cases. The Guardians have sent 3 away to Brompton, 1 has been moved on to Frimley, and is doing well. The other two cases unfortunately were sent too late to be benefited, and both have died, one at Brompton, the other a few months after his return. The Guardians removed a family of children from their home (both parents had been diagnosed phthisical) to the Children's Homes in Lichfield, this was a strong but wise measure. The father has since died, but the mother is so very much better in health that the children have now been restored to her. She was allowed 8/- for herself and 3 children (raised Jan. 1914 to 10/-). Both these sums are too small for the proper maintenance of a woman and 3 children, especially with so much Tuberculosis in the family.

National Health Insurance.—Only 12 of the 63 cases were insured persons under the National Health Insurance Act, but as, during the first half of the year 1913, some dependents were also granted Sanatorium Benefit, 4 others were treated (2 wives and 2 children), and 16 in all came under the working of that Act.

Sanatorium Benefit was granted to 2 men and 2 women (1 dependent), and Domiciliary treatment only to 10 (3 dependents)—3 of the 4 Sanatorium patients have returned, 1 is still at Stanfield. All 4 have benefited greatly and are much improved in health, however I do not feel satisfied that the improvement is being maintained under the home and work conditions. Economy must be the first consideration of the home and housekeeping, and economy we know is one of the first considerations of work conditions, whereas Health is the aim of the Sanatorium. Until we can make health and good food the first aims in our houses I feel we cannot expect these patients to maintain the improvement gained in these Sanatoria. One of the patients who was in Sanatorium told me that she might have while there "as much as she could eat, but nothing to waste." When we can have this for the Tubercular patients (and for those who live with them and are exposed to infection) in their homes a long step forward will have been taken. I might point out that the patient is usually the best fed person in the household, the other members of the family

eating less and making clothing and boots do that are past wearing.

It is particularly hard on Tubercular patients that Sickness Benefit only lasts 6 months. Very few of them are fit for work again in that time. The anxiety caused by the prospect of being penniless or invoking the help of the Poor Law militates against the patient's progress.

3 Insured persons have had Shelters loaned to them, and a 4th has, owing to peculiar conditions, had the bed only lent to him.

Houses.—In my report last year I commented on the low lying position of most of the houses where Tuberculosis had been notified. This year only 26 of the patients live in houses that are in low situations, the rest live in higher parts, and 27 are in the Chasetown, Chase Terrace, Beaudesert and Hazel Slade regions. Those who wish to move from these low lying houses cannot because of the great difficulty in finding an empty one anywhere. In certain of these houses, though there is not overcrowding to the extent allowed by law, there are too many persons inhabiting them when it is remembered that one at least of the inmates is Tubercular.

Bedrooms.—30 patients have managed to have a room (or shelter) to themselves. 8 have a separate bed but share the bedroom. The remaining patients either cannot arrange for either separate room or even bed and cannot be persuaded that it is really necessary.

19 houses are very clean, the others range downward to 6 or 8 very dirty ones, but on the whole they are clean.

The patients have treated the articles loaned to them with great care. Ill as some have been, only 1 sputum flask and 2 thermometers have been broken.

During the year 931 visits have been paid to these 63 patients.

On Dec. 31st, 1913, the number of patients on the books were men 12, women 15, children 15.

WATER SUPPLY.

No alterations of importance have been made during the past year in the water supply of the district. Armitage, Brereton, Slitting Mills and Colton being supplied from the Rugeley Urban District Council's Waterworks, and all the other large centres with the exception of Yoxall by the South Staffordshire Waterworks Company. Both these

public service companies obtain their water from deep borings, only a small per centage of gathered water being used. I believe every precaution is taken to ensure a pure supply, frequent chemical and bacteriological examinations being made in order to detect impurities. From both the above sources the supply is ample and the service constant. The water is of a good quality and has no solvent action on lead, cases of lead poisoning, so far as my knowledge goes, being non-existent.

A short time ago a complaint was made to me that the water supply to a certain district was open to suspicion. This was at once brought to the notice of your Council who decided that a sample should be sent for a complete chemical and bacteriological analysis. This decision was immediately carried into effect and a sample of the water sent to Dr. Bostock Hill, whose subsequent report proved the suspicion to be unfounded.

Wells.—Although wherever it has been possible a public service has been substituted, the number of Wells in existence in this district is necessarily still large, but on the whole the supply of water obtained from these sources is wholesome and of good quality. All the Wells I have seen are shallow ones, most of them being bricked round, but the upper part of the brickwork is frequently open thus allowing the entrance of surface water. Wooden covers which are often defective are provided for many of them, but the Wells in Yoxall are nearly all covered in and furnished with a pump. Each year a number of samples of water are examined, and when the results of such examinations are not satisfactory the source of contamination is sought for or the well cleaned out as the circumstances require. Particular attention has been given to the water supply of Yoxall because, not only are wells the only source of supply, but owing to the absence of an efficient sewage disposal system privies, mostly of old construction, are almost universal. So far I have had little reason to complain of the quality of the water, and I am informed that the quantity is sufficient.

Springs.—The supply from these appears to be satisfactory but the number of houses so served is small.

A certificate under Sec. 6 of the "Public Health Water Act of 1878" has to be obtained before any newly erected house can be occupied.

SURVEYOR'S REPORT ON SEWAGE DISPOSAL WORKS.

Alrewas.—There has been continual trouble with the sewer in Fox Lane through its becoming blocked up. It has been rodded on several occasions and regularly flushed, but it still becomes blocked. If no improvement takes place shortly I shall recommend that it be relaid. I have had levels taken on it, and opposite the cottages on the east side there is quite a backfall on the pipes. This could be remedied somewhat if relaid to a true gradient, but there is very little fall on this section.

The other sewers are working well, and are flushed from the canal.

There is a new tenant to the land adjoining the brook-course near the Railway and he now requires the matter cleaned out of the brook-course spreading on his land.

This formerly has been left on the banks with the tenant's permission.

Armitage.—During the year Sewage Disposal Works have been constructed for the northern portion of Armitage Village. The sewer existed as far as the canal—this was continued through an 18 inch culvert under the canal, 40 yards in length in 6in. Mannesmann steel tubing. This saved putting in a separate line of pipes under the canal, which would have cost roughly £300, but the Council have to pay £5 to the Canal Company for the right of using the culvert. The works consist of detritus, septic and dosing tanks, and one circular filter fitted with Adams' "Cressett" Distributor.

The works comply with the requirements of the Local Government Board, except that no storm-water stand-by tanks were provided. No loan was raised here, as the money is being met out of current account.

The total cost of these works was £318 18s. 8d., and very good results are being obtained.

King's Bromley.—No special comment is necessary here. The sewers are kept regularly flushed from the river, and the brook-course into which the sewage discharges is cleaned out periodically.

Brereton.—The sewage here for the portion of Brereton to the north of the Church is dealt with through tanks and underground drains. In my last report I commented on the amount of storm water from the main road causing the ground to be unduly taxed. I should like to see all the storm water disconnected and turned into the brook-course direct.

The underground drains have acted fairly well during the past 12 months, and with the storm water disconnected would be much better.

There has been a blockage on the old sewer to that portion of Brereton that lies to the south of the Church. This consists of 12in. and 6in. pipes, and portions of 2ft. culverts in between. It has been rodded and made so that it will take the sewage for the time being.

The question of dealing with the outfall here is under consideration of the Armitage and Brereton Joint Committee.

Hazel Slade.—The works and filters here continue to give good results. Last year I reported the slag chippings had been renewed for a depth of 18 inches for the first time in 9 years.

This class of works is in my opinion by far and away the best for small installations, as they require very little attention.

Chasetown.—The works here are going on satisfactorily. A new scum screen has had to be put in the last few months as the old troughs with canvas over them had become useless. In my last report I mentioned on the extra sewage to be dealt with through the many new connections made to the sewers in recent years—and that the beds had been somewhat overtaxed. The last year has been fairly favourable to land treatment of sewage, as it has been fairly dry on the whole and not so many very heavy storms which tend to flood and upset the works generally.

Chase Terrace.—Here again the sewage is finally dealt with on land, and pretty well the same remarks apply here as at Chasetown.

The Sewers both here and at Chasetown are flushed by means of a flushing cart as occasion requires.

Complaints have been received now and then that certain manholes emit very offensive odours, and some of them have had the covers made airtight, but even then when a depression takes place in the atmosphere most sewers will be found to emit unpleasant odours, this applies even in cases where vent pipes are fixed.

Hammerwich (Triangle).—The sewer at Triangle requires rodding as it is in a bad state. There is no fall available to the present works, and it is useless having the sewer relaid. Ultimately the sewage works will have to be taken down the brook-course some distance so that a better gradient can be obtained.

Shenstone.—Since the last report the ground at the Shenstone Sewerage Works has been planted with willows last back end, and these have on the whole struck very well. The difficulty here is to keep down the weeds before the willows grow as the former grow with great rapidity.

A serious stoppage occurred on the sewer between the outfall works and the Bull's Head Inn, in one of Mr. Berry's fields; on investigation it was found to be a brick evidently left in by some careless workmen when the works were constructed. There is no proper manhole just at this point and I propose having one built to within 3ft. of the surface of the ground. This cannot be built to the surface owing to the field being ploughed.

Stonnall.—The works and underground drains appear to be giving satisfactory results. I mentioned in my last report that last year was a very wet one and very bad for this class of works, but during the past few months the weather has been very favourable and the ground absorbs all the sewage turned on; last year it was inclined to be waterlogged.

Lynn.—Arrangements have been made with Mr. Hy. Winterton for taking over by agreement and looking after the sewage from Lynn House and the surrounding cottages on the land situated in Mill Lane. Wooden troughs with zinc distributors have been fixed, whereby the effluent can be turned on to various sections of the field and prevent it from being waterlogged.

Streethay.—The works have continued to give satisfaction. Since the stoneware channel pipes were laid about 3 years ago in the field to the south of the works it has been possible to distribute the effluent over the field much better and without the ground being sodden so much.

The stoneware pipes next to the cast iron pipes over the Canal Bridge just before the works have been cracked and leak. Steps were taken to try and effect a cure, but so far without a result, partially, I think, owing to the frosty weather affecting the cement joints. Later on another attempt will be made. The pipes are always under compression as they act as a syphon over the Bridge, and consequently are always full of water.

Whittington.—In my last report I mentioned that it might be necessary to lay underground drains on the far side of the brook-course to the works, these were laid during the last summer and give good results. The brick collecting drain at the end of the first series of underground drains requires replacing with slag. The bricks were put in for cheapness in the first instance but they have not answered

at all well, they disintegrate too rapidly and form into a solid mass through which the effluent cannot penetrate. The collecting drain laid last summer on the far side of the brook-course from the works was filled with 4 inch slag, and as I mentioned gives good results. I propose relaying the short length of the old brick collecting drain with 4 inch slag during the next few months. In all these works with underground drains it would be a great advantage to have all the storm water diverted into storm water drains and run to the nearest brook-course, as it is nearly always the quantity of storm water that waterlogs the ground.

Yoxall.—The old brick sewer near the Cup Inn, Yoxall, has had to be taken out and relaid with 2ft. stoneware pipes for a distance of 27 yards. The County Council have agreed to pay half the cost of this length. Ultimately the whole of this brick sewer will require replacing with stoneware pipes.

EXCREMENT DISPOSAL.

Water Carriage System.—When the sewage schemes at Streetly and Burntwood are completed, all the villages in your area will then possess a water carriage system more or less extensive according to the size of the village. In places where a complete system of disposal is installed, modern water closets are rapidly replacing the privies, but in certain smaller localities the disposal arrangements now in existence will not allow this to be done. The following statement gives the number of water closets provided since I have had the honour to act as your Medical Officer of Health :

1910	..	..	134
1911	..	..	147
1912	..	..	60
1913	..	..	46
			<hr/>
			387

Your Sanitary Inspector in his Report gives the number of conversions during the past 6 years as between 400 and 500.

The type of water closet used in this district is the wash down provided with a 2-gallon flush.

Privies.—As mentioned above there are certain sections of this district where the water carriage system is not sufficiently developed to allow water closets to be connected to it, or if this can be done the capacity of the disposal works is insufficient to allow extensive conversions to be made. Yoxall may be quoted as an example of the former and Hazel Slade of the latter. It follows, therefore, that in these areas privies have to be tolerated, and the best that can be done at present is to see

that they are made as sanitary as possible. When the reconstruction of a privy is undertaken the work is done in a very thorough manner.

The following extract from a circular received from the Local Government Board may prove of interest :

“ But however carefully closets on the conservancy system are emptied and cleansed, the conditions associated with them in urban communities are generally a menace to the public health, and especially the health of children ; and the Board would urge that wherever a sufficient sewer and water supply are available fresh water closets supplied with flushing systems should be substituted for existing closets on the conservancy system and provided in all new buildings.”

The bye-laws require occupiers to clean

1. Earth closets with fixed receptacle at least every 3 months.
2. Earth closets with moveable receptacle at least every week.
3. Privies with fixed receptacle at least every week.
4. Privies with moveable receptacle at least every week.
5. Privies with ashpits at least every week.

Pail Closets.—Although I am still opposed to the installation of these as a general rule I am bound to admit that under certain conditions they offer the best solution of a difficult problem. The number, however, is limited as far as practicable.

Waste Water Closets.—Those in use appear to be still satisfactory. They are not very numerous, being only installed in special circumstances. None have been constructed during the last year or two.

Cess-pools.—I have nothing to add to what I have written concerning these in previous Annual Reports. Defective ones when found are reconstructed, and those in connection with new buildings are made water tight.

The bye-laws state that all Cess-pools must be emptied once in 3 months by the tenants.

House Drains.—Particular attention has been directed to these during recent years as will be gathered from the following extracts from Reports of your Sanitary Inspector :

1910.	New drains provided or old ones amended	..	298
1911.	„ „ „	..	236
1912.	„ „ „	..	193
1913.	„ „ „	.	112
Total for 4 years			839

When new ones are constructed or alterations made to old ones, your Sanitary Inspector personally supervises the work and sees that his instructions are complied with. The drains are carried in straight lines, inspection chambers being placed at all points where an angle is necessary, so that each section can be readily cleaned out when required. Ventilating shafts and intercepting traps are included in all drainage systems.

Refuse.—Household refuse has to be removed from the premises by the tenant, but occasionally by arrangement landlords undertake the work. Public tips are provided in all the villages for the reception of the refuse. Under this system if the householder neglects his duties in this respect a considerable quantity can quickly accumulate, but on the whole I am inclined to think that the nuisance caused by this is not so great as it used to be. The number of suitable covered receptacles is still very small, the open box or bucket being too much in evidence. The importance attached to proper temporary storage and prompt removal of household refuse can be seen from the following extract from a circular issued by the Local Government Board :

“In particular I am to remind the Council of the danger to health caused by accumulations of refuse in the neighbourhood of dwellings. Such accumulations provide breeding grounds for flies, and are otherwise open to serious objection. It is essential to the health of a district that there should be arrangements for the efficient and frequent removal of house, stable, and street refuse. If the refuse is not burnt it should be disposed of in places remote from dwellings, and should be kept properly covered with earth.”

“The Board would urge the Council to consider at an early date the question of taking such action as may be necessary and practicable in their district on the lines indicated.”

With regard to public scavenging in the larger villages, your Council invited the various Parish Councils to express their views on the subject, and as they unanimously replied that in their opinion it was not necessary, no action was taken.

During the year 3 prosecutions were instituted against tenants for contravening the bye-laws governing the removal of refuse from the premises, and in each case a conviction was secured.

The bye laws require the occupier to remove all household refuse from the premises at least once every 4 weeks.

COWSHEDS.

The work of improving these is still being pressed on, and it is satisfactory to find from the report of your Sanitary Inspector that the importance of cleanliness in these sheds is beginning to be appreciated.

Regulations are in force which provide for inspection, lighting, ventilation, cleansing, drainage and water supply.

DAIRIES.

These are few in number and continue to be kept in a satisfactory condition.

The Regulations provide for proper

1. Lighting.
2. Ventilation.
3. Cleansing (a) Sufficiently often to keep the dairy reasonably sweet and clean.
(b) Floor to be thoroughly cleansed at least once a day.
4. Drainage.
5. Water Supply.

Further Regulations are also in force for securing

1. Cleanliness of milk stores and milk shops.
2. Cleanliness of milk vessels.
3. Adequate precautions being taken by purveyors of milk and persons selling milk by retail against infection or contamination.
4. Cleansing of udder and teats of cow and hands of person at time of milking.

A large quantity of milk produced in your district is sent by rail to various towns. As far as your officials are able to judge without taking samples for analysis the supply is wholesome and of good quality, but the occasional complaints received from the health departments of towns to which it is sent prove that this is not invariably the case.

Tuberculous Milk.—During the year I received notice through the County Medical Officer that milk supplied from 3 farms in your district contained tubercle bacilli. Two of these complaints came from London and one from Birmingham. As a result each farm was visited and the necessary steps taken.

SLAUGHTER HOUSES.

The condition of these on the whole is now very fair and very few faults have been found during the year.

From the account given by the Sanitary Inspector in his Report of the action taken under section 117 of the "Public Health Act, 1875," it will be seen that the seizures were not of an important nature. It is probable, however, that the report in this respect would not be so satisfactory if the inspections could be carried out in a more systematic manner.

No action was taken under the "Sale of Food and Drugs Act."

The Regulations for Slaughter Houses provide for :—

1. Suitable lairage.
2. Humane slaughtering.
3. Ventilation.
4. Drainage.
5. Lime washing at least 4 times a year.
6. Cleansing within 3 hours of slaughtering.
7. Removal of offal within 24 hours.
8. Water supply.
9. Suitable receptacles for offal and garbage.

BAKEHOUSES.

These are visited periodically, and may be classed as fairly satisfactory. No under-ground bakehouses exist in this district.

SCHOOLS.

The schools have only been visited during the past year in connection with outbreaks of infectious diseases.

School Medical Inspection.—The work is conducted by one Senior and 4 Assistant Medical Inspectors, under the supervision of the County Medical Officer (who is also School Medical Officer), and under the direction of the County Education Committee. As regards public health questions connected with school attendance the School Medical Officer is in constant touch with myself.

In conclusion, I desire very sincerely to thank you, Mr. Chairman, Mrs. Kingscote, and Gentlemen for the courtesy and consideration which you have invariably extended to me; to acknowledge my indebtedness to your Sanitary Inspector for his valuable services, and to again express my gratitude to the Medical Gentlemen in the district for assistance which has enabled your officers to discharge their duties in a more effective manner than would otherwise have been possible.

I have the honour to be,

Mr. Chairman, Mrs. Kingscote and Gentlemen,

Your obedient Servant,

L. S. TOMKYS,

Medical Officer of Health.

Cherry Orchard House,
Lichfield,
Feb., 1914,

MR. CHAIRMAN AND MEMBERS
OF THE
LICHFIELD RURAL DISTRICT COUNCIL.
GENTLEMEN,

I have the honour to submit to you my sixth Annual Report, dealing with the work done in the Sanitary Department for the year ending December 31st, 1913.

No. of Houses visited, which have been inspected during year, either in connection with outbreaks of Infectious Diseases, or in course of complaints, or in course of a systematic Survey	474
No of Final Notices	14
,, ,, complied with	14
,, Informal Notices	303
,, ,, complied with	254
,, Letters written	286
Particulars of Sanitary matters referred to in the above notices:—	
No. of Houses disinfected after Infectious Diseases	67
,, Schools	—
New Drains to be provided or old ones amended in construction	112
Earthenware Sinks to be fixed	61
Closets to be provided or old ones amended in construction:—	
Water Closets	46
Pail ,,	20
Privy Middens	5
Ashbins to be provided	—
Houses connected to Main Sewer, not previously connected ..	7
Houses damp, dirty, or admitting rain or weather, or otherwise in a bad Sanitary condition	21
Offensive Accumulations	15
Animals kept forming a nuisance	17
Overcrowded Houses	5
Water Supply:—	
Certificates granted for New Houses	28
Defective and insufficient supplies	23
Samples submitted to Medical Officer of Health	17
,, condemned by ,, ,,	10
Cowkeepers on Register	180
Inspections	240
Notices given	8
,, complied with	7
Slaughter Houses	28
Inspections	200
Notices given	4
,, complied with	4
Housing and Town Planning Act, 1909:—	
Inspections made	180
Informal Notices	152
,, ,, complied with	116
Final Notices, Section 15	13
,, ,, complied with	10
Closing Orders made	10
Demolition Orders made	5
Houses rendered fit for Habitation	3
Houses demolished without Order	50

Houses demolished under order	--
Allowed to be used for other purposes (after Closing Order)	
than Dwellings	2
Canal Boats Acts, 1877—1884:—	

During the year 115 Boats were met with and inspected, 101 were in conformity with the Acts and Regulations; on the remaining Boats 15 contraventions were met with and remedied.

The total number for which the Boats were registered was 279 adult persons and 1 child, and the total number occupying was 221 persons, viz.: 131 adult males, 54 adult females and 72 children. As 23 of the Boats had been inspected more than once during the year these were left out, so that a proper and correct increase or decrease could be given, which I trust can be done next year.

DAIRIES, COWSHEDS AND MILKSHOPS ORDERS, 1885 AND 1886.

Several of the Cowsheds have been re-modelled during the year, new floors, windows and ventilation receiving particular attention.

I have to report an improvement at a few of the Farms respecting the more frequent removal of manure, giving more light and air than hitherto obtained.

During the year complaints have been received from the London County Council respecting Tuberculous Milk. Their Veterinary Inspector visited the Farms in question and located 4 Cows which revealed signs of Tuberculosis at the Post Mortem after Slaughter.

FACTORY AND WORKSHOP ACT, 1901.

During the year 150 visits have been paid to the Factories and Workshops in the District. 14 defects were found and remedied, viz.:—Limewashing of 7 Bakehouses, 6 Workshops and 1 defective floor in Workshop.

Notice was received from H.M. Inspector of Factories and Workshops respecting the Limewashing of one Workshop, which was attended to within the specified time.

INFECTIOUS DISEASES.

I visited 94 cases of Infectious Diseases during the year, found it necessary to remove 46 cases to Hospital, and carried out the disinfection of 67 Houses.

FOODS.

I find it very difficult to carry out the inspection of meat and other foods in the District, chiefly owing to the scattered nature of the District and the different times of slaughtering by the Butchers, this varies from Sunday to Wednesday.

Several Livers have been destroyed by the Butchers on my suggestion, also Lungs, owing to Parasitic Diseases, and Fish, viz.: Mackerel.

In one case I seized an Ox Tongue which was Tuberculous, and had it condemned by a Magistrate. On your advice the Butcher was severely reprimanded.

There was an outbreak of Ptomaine poisoning in the Alrewas Parish, 25 cases were notified. The cause of the outbreak was located with the result that no further cases appeared.

Dr. H. Macewan, one of H.M. Inspectors under the Local Government Board, visited the District, and was satisfied with the steps taken to locate and check the spread of the Disease.

KNACKER'S YARD AND OFFENSIVE TRADES.

Several visits have been made to the Knacker's Yard at Love Lane, Brereton, on each occasion the premises were satisfactory; the Licence was again renewed.

There are several Tripe Boilers and Offal Boilers in this District. There are no Bye-Laws respecting Offensive Trades. I would advise the adoption for the whole of the District of Sections 112—115 of the

Public Health Acts, 1875, for Urban Powers, so as to govern the Offensive Trades in your District.

SLAUGHTER HOUSES.

There are 28 Slaughter Houses on the Register, viz.: 13 Registered and 15 Licensed.

Notice of occupation by fresh Butcher was given in one case of the Registered Slaughter Houses. 3 New Licences and 10 renewals were granted. They are gradually being brought up to the requirements of your Bye-Laws and the Local Government Board's Regulations.

PETROLEUM ACTS.

4 New Licences and 31 renewals were granted during the year. The Stores were found in a satisfactory condition on my visits.

WATER SUPPLY.

During the year 28 Occupation Certificates were granted for New Houses. 25 obtaining their water direct from the South Staffordshire Water Works Company's Mains and 3 from Wells. Samples of the Well water were submitted to your Medical Officer of Health who was satisfied that they were fit for drinking purposes.

17 samples of water were submitted to your Medical Officer of Health for his report. In 10 cases he regarded the water as unfit for drinking purposes. As these cases were in Parishes where the South Stafford Mains are not laid, the Wells were thoroughly cleansed and protected, with the result that the water was improved.

HOUSING AND TOWN PLANNING ACT, 1909.

During the year 180 have been inspected under the above-named Act which were found to be in a dilapidated condition, chief defects being insufficient ventilation, badly situated pantries or food stores, defective living and bedroom floors, ceiling plaster defective, and rear pavements.

I have tabulated the work done under this Act in the fore part of this report.

Considerable progress has been made in the thorough repair of Houses under this Act. I always insist on all windows being made to open at least one half, unless there is some portion of the existing windows which do open. In some cases sash windows have replaced the old casement windows, with a decided advantage to the occupiers.

During the year I have had great difficulty in getting the Contractors to carry out the work of repairs owing to pressure of work, in fact we have only been able to get work which has been in Contractor's hands for 2 years started on last December. Several others I am pleased to record have been done during the latter part of the year.

In the Colliery portion of the District there is at present a demand for Houses, owing chiefly to the better working conditions during the year.

GENERAL.

The conversion of privy middens to water closets where there is a sewage scheme and water supply still continues, where defects in existing middens are found, or where the present accommodation is insufficient.

During the past 6 years between 400 and 500 conversions have taken place, these are chiefly in the Chase district. Several have been fixed without any notice of same being given to me by the owners.

I gratefully recognise the valuable assistance I have received from the Chairman and Members of the Council in the work of improving the Sanitary conditions of the District.

I have the honour to be, Gentlemen,

Your obedient Servant,

B. L. ILLINGWORTH.

TABLES.

TABLE I.

Vital Statistics of whole District during 1913 and previous years.

LICHFIELD RURAL DISTRICT.

YEAR.	Population estimated to middle of each Year.	BIRTHS.			TOTAL DEATHS REGISTERED IN THE DISTRICT.		TRANSFERABLE DEATHS.		NET DEATHS BELONGING TO THE DISTRICT.			
		Un-correct'd Number	Net.		Number.	Rate.	of Non-residents registered in the District	of Residents not registered in the District.	Under 1 year of Age.		At all Ages.	
			Number.	Rate.					Number.	Rate per 1,000 Net Births.	Number.	Rate.
1	2	3	4	5	6	7	8	9	10	11	12	13
1908	28,130	691		25·4	456	16·2	138	25	59	85	343	12·6
1909	28,130	691		25·4	456	16·2	138	25	59	85	343	12·6

1911	28,770	703	708	25.4	410	14.2	133	53	74	323	11.6
1912	28,980	672	678	24.2	439	15.1	137	62	91	334	11.9
1913	29,215	705	710	25.1	369	12.6	99	62	87.3	303	10.7

Rate in Column 7 calculated per 1,000 of estimated population. Rates in Columns 5 and 13 on net population.
 Estimated population in Column 2 includes about 1,000 Inmates of Burntwood Asylum.

NOTE.—The deaths included in Column 6 of this table are the whole of those registered during the year as having actually occurred within the district or division. The deaths included in Column 12 are the number in Column 6 corrected by the subtraction of the number in Column 8 and the addition of the number in Column 9. Deaths in Column 10 are similarly corrected.

By the term “Non-residents” is meant persons resident elsewhere in England and Wales who have died in the District, and the term “Residents” includes persons resident in the district who have died outside it.

Area of District in acres
 (land and inland
 water) } 72,077

Total population at all ages ... 28,719 } At Census
 Number of inhabited houses ... 5,590 } of
 Average number of persons per house 5 } 1911.

<p>I.</p> <p>Institutions within the District receiving sick and infirm persons from outside the District.</p>	<p>II.</p> <p>Institutions outside the District receiving sick and infirm persons from the District.</p>	<p>III.</p> <p>Other Institutions, the deaths in which have been distributed among the several localities in the District.</p>
<p>COUNTY ASYLUM, BURNTWOOD.</p> <p>ISOLATION HOSPITAL, KING'S BROMLEY.</p> <p>COTTAGE HOSPITAL, HAMMERWICH.</p>	<p>NURSING HOME, LICHFIELD.</p> <p>LICHFIELD UNION WORKHOUSE.</p> <p>HOSPITALS IN BIRMINGHAM AND OTHER TOWNS.</p>	

TABLE II.

CASES OF INFECTIOUS DISEASE NOTIFIED DURING THE YEAR 1913.
LICHFIELD RURAL DISTRICT.

NOTIFIABLE DISEASE.	NUMBER OF CASES NOTIFIED.								TOTAL CASES NOTIFIED IN EACH LOCALITY.		Total cases removed to Hospital.
	At all Ages.	At Ages — Years.							Lichfield	Rugeley	
		Under 1.	1 to 5.	5 to 15.	15 to 25.	25 to 45.	45 to 65.	65 and upwards			
Smallpox .....	..	..	..	..	..	..	..	..	..	..	..
Cholera .....	..	..	..	..	..	..	..	..	..	..	..
Diphtheria (including Membranous Croup)	29	8	17	4	..	..	..	28	1	..	8
Erysipelas	5	..	..	..	1	3	1	4	1	..	..
Scarlet Fever	89	26	51	8	2	2	..	57	32	..	40
Typhus Fever .....	..	..	..	..	..	..	..	..	..	..	..
Enteric Fever .....	..	..	..	..	..	..	..	..	..	..	..
Relapsing Fever .....	..	..	..	..	..	..	..	..	..	..	..
Continued Fever .....	..	..	..	..	..	..	..	..	..	..	..
Puerperal Fever .....	..	..	..	..	..	..	..	..	..	..	..
Plague .....	..	..	..	..	..	..	..	..	..	..	..
Cerebro-spinal Meningitis .....	..	..	..	..	..	..	..	..	..	..	..
Poliomyelitis .....	..	..	..	..	..	..	..	..	..	..	..
Pulmonary Tuberculosis	28	1	3	10	10	4	..	16	12	..	..
Other forms of Tuberculosis ..	17	..	9	4	..	1	..	16	1	..	..
Ophthalmia Neonatorum	1	1	..	..	..	..	..	1	..	..	..
Totals	169	2	80	26	13	10	1	122	47	..	48

Isolation Hospital at Curborough, provided by Lichfield Urban and Rural District Councils.
Total available beds.....44
Number of diseases that can be concurrently treated3

TABLE III.
CAUSES OF, AND AGES AT, DEATH DURING YEAR 1913.
LICHFIELD RURAL DISTRICT.

Net Deaths at the subjoined ages of "Residents" whether occurring within or without the District. (a)										Total Deaths whether of "Residents" or "Non- Residents" in Institu- tions in the District. (b)
All Ages.	Under 1 year.	1 and under 2.	2 and under 5.	5 and under 15.	15 and under 25.	25 and under 45.	45 and under 65.	65 and up- wards.		
2	3	4	5	6	7	8	9	10		11
298	57	13	6	13	11	29	53	116		..
5	5	..	..	..	..	..	..	..		..
..
..	..	1	..	..	..	..	..	..		..
2	1	1	..	..	..	..	..	..		..
1	..	2	..	1	..	..	..	..		..
3	1	..	..	..	..	..	..	..		..
3	..	..	..	3	..	..	..	..		..
6	..	..	1	1	1	2	1	..		1
..
16	1	..	..	1	2	5	7	..		2
5	..	3	..	1	1	..	..	..		8
4	2	..	..	2	..	..	..	..		..
26	..	..	..	..	..	2	11	..		1
1	..	..	..	1	..	..	..	13		2

CAUSES OF DEATH.		1
All causes	} Certified (c) } Uncertified	..
Enteric Fever.....		..
Smallpox .....		..
Measles.....		1
Scarlet fever .....		..
Whooping Cough		2
Diphtheria and Croup .....		..
Influenza .....		..
Erysipelas .....		..
Phthisis (Pulmonary Tuberculosis)		1
Tuberculous Meningitis .....		..
Other Tuberculous Diseases		2
Cancer, Malignant Disease.....		..
Rheumatic Fever .....		..

Other Diseases of Respiratory Organs.....	15	5	2	2	..	1	..	1	4	8
Diarrhoea and Enteritis	3	..	..	..	..	..	..	..	3	3
Appendicitis and Typhlitis	12	7	1	1	1	..	1	..	3	..
Cirrhosis of Liver	2	..	..	..	..	1	..	..	..	1
Alcoholism	3	..	..	..	..	1	..	..	1	2
Nephritis and Bright's Disease	1	..	..	..	..	..	..	..	1	..
Puerperal Fever.....	13	..	1	..	..	..	..	..	7	9
Other accidents and diseases of Pregnancy and Parturition.....	..	..	..	..	..	..	..	..	..	..
Congenital Debility and Malformation, in- cluding Premature Birth.....	2	..	..	..	..	1	1	..	..	..
Violent Deaths, excluding Suicide....	31	28	2	..	1	..	..	..	3	..
Suicide	15	4	..	..	1	2	4	..	1	2
Other Defined Diseases.....	5	..	..	..	..	1	2	1	1	..
Diseases ill-defined or unknown	64	7	2	2	..	..	7	10	38	32
	19	2	..	..	..	..	..	..	17	23
Totals.....	303	62	13	6	13	11	29	53	116	104

- (a) All "Transferable Deaths" of Residents, *i.e.*, of persons resident in the District who have died outside it, are to be *included* with the other deaths in Columns 2-10: Transferable deaths of Non-residents, *i.e.*, of persons resident elsewhere in England and Wales who have died in the District, are in like manner to be *excluded* from these columns.
- (b) All deaths occurring in institutions for the sick and infirm situated within the district, whether of Residents or of Non-residents, are entered in the last column of Table III.
- (c) All deaths certified by registered Medical Practitioners and all Inquest cases are to be classed as "Certified"; all other deaths are to be regarded as "Uncertified."
- (d) Exclusive of "Tuberculous Meningitis," but inclusive of Cerebro-Spinal Meningitis.

TABLE IV.

INFANT MORTALITY DURING THE YEAR 1913.

Net Deaths from stated causes at various Ages under One Year of Age.

LICHFIELD RURAL DISTRICT.

CAUSE OF DEATH.		Under 1 Week	1-2 Weeks	2-3 Weeks	3-4 Weeks	Total under 1 Month	1-3 Months	3-6 Months	6-9 Months	9-12 Months.	Total Deaths under One Year.
All Causes	{ Certified.....	17	6	2	3	28	12	8	6	3	57
	{ Uncertified	3	..	..	..	3	1	..	1	..	5
{ Smallpox .....		..	..	..	..	..	..	..	..	..	1
{ Chicken Pox .....		..	..	..	..	..	..	..	..	1	..
{ Measles .....		..	..	..	..	..	..	..	..	..	..
{ Scarlet Fever .....		..	..	..	..	..	..	..	..	..	..
{ Whooping Cough.....		..	..	..	..	..	1	..	..	..	1

TABLE V.
SUMMARY OF SANITARY WORK done in the Nuisance
Inspector's Department during the year 1913, in the Rural
District of Lichfield.

	NUMBER OF		ABATEMENT NOTICES.		NUISANCES ABATED AFTER NOTICE BY	
	Inspections and Observations made.	Defects found.	Informal by Inspector.	Formal by Authority.	Inspector.	Authority.
Dwelling Houses and Schools:						
Foul Conditions ..	180	21	21	..	21	..
Structural Defects ..		142	142	13	116	10
Overcrowding ..		5	5	..	5	..
Unfit for Habitation ..		10	10	10	..	10
Lodging-houses ..	..	..	..	..	..	..
Dairies and Milkshops ..	260	8	8	..	7	..
Cowsheds ..		..	..	..	..	..
Bakehouses ..	80	7	7	..	7	..
Slaughter-houses ..	200	4	4	..	4	..
Canal Boats ..	115	15	15	..	15	..
Ashpits and Privies ..	400	86	86	4	82	4
Deposits of Refuse and Manure ..	15	15	15	..	15	..
Water Closets ..	400	46	46	6	40	5
House Drainage:						
Defective Traps ..	474	112	112	6	106	6
No Disconnection ..						
Other Faults ..						
Water Supply ..	474	23	23	..	23	..
Pigsties ..	17	17	17	..	17	..
Animals improperly kept ..						
Offensive Trades ..	..	..	..	..	..	..
Smoke Nuisances ..	..	..	..	..	..	..
Other Nuisances ..	5	5	5	..	5	..
TOTALS ..	2620	516	516	39	463	35
Unwholesome Food :					Nos.	
Number of Seizures ..	..	..	..	..	1	
Condemned by Magistrates ..	..	..	..	..	1	
Prosecutions for exposing for sale ..	..	..	..	..	..
Samples of Water taken for Analysis ..	..	..	..	..	..
„ „ condemned as unfit for use ..	..	..	..	..	..
PRECAUTIONS AGAINST INFECTIOUS DISEASE.						
Lots of Infected Bedding Disinfected or Destroyed ..	..	..	..	..	..
Houses Disinfected after Infectious Disease ..	..	..	..	..	67	
Schools ditto ditto ..	..	..	..	..	..
Prosecutions for not Notifying existence of Infectious Disease ..	..	..	..	..	..
Convictions ditto ditto ..	..	..	..	..	..
Prosecutions for Exposure of Infected Persons or things ..	..	..	..	..	..
Convictions ditto ditto ditto ..	..	..	..	..	..

(Signed) B. L. ILLINGWORTH,

March 19th, 1914.

Inspector of Nuisances.

ANNUAL REPORT of the Medical Officer of Health for the Year 1913, for the RURAL DISTRICT of LICHFIELD,
on the administration of the Factory and Workshop Act, 1901, in connection with FACTORIES, WORKSHOPS,
WORKPLACES and HOMEWORK.

1.—INSPECTION OF FACTORIES, WORKSHOPS and WORKPLACES.

INCLUDING INSPECTIONS MADE BY SANITARY INSPECTORS OR INSPECTORS OF NUISANCES.

Premises.	Number of		
	Inspections.	Written Notices.	Prosecutions.
Factories (including Factory Laundries)	..	..	..
Workshops (including Workshop Laundries)	148	13 (Verbal)	..
Workplaces (other than Outworkers' premises included in Part 3 of this Report)	2	..	..
TOTAL	150	13	..

2.—DEFECTS FOUND IN FACTORIES, WORKSHOPS and WORKPLACES.

Particulars.	Number of Defects.			Number of Prosecutions.
	Found.	Remedied.	Referred to H.M. Inspector.	
Nuisances under the <i>Public Health Acts</i> —				
Want of cleanliness	6	6	..	..
Want of ventilation	..	..	..	..
Overcrowding	..	..	..	..
Want of drainage of floors	..	..	..	..
Other nuisances	..	..	..	..

Offences under the Factory and Workshop Act—

Illegal occupation of underground bakehouse (s. 101)
Breach of special sanitary requirements for bakehouses (ss. 97 to 100) .. 7
Other offences
(excluding offences relating to outwork which are included in
Part 3 of this Report)

TOTAL	13	13	..
-------	----	----	----	----	----

3.—HOME WORK. Nil.

4.—REGISTERED WORKSHOPS.

Workshops on the Register (s. 131) at the end of the year.					Number.
WORKSHOPS—					
Bakehouses	..	..	..	..	22
Blacksmiths and Cycle Work	..	..	..	..	15
Bootmakers, &c...	..	..	..	..	2
Dressmakers	..	..	..	..	14
Joiners and Wheelwrights	..	..	..	..	18
Milliner	..	..	..	..	1
Plumber	..	..	..	..	1
Iron Works	..	..	..	..	1
Basket Maker	..	..	..	..	1
WORK PLACES—					
Laundries	..	..	..	..	2
Brickmakers and Stone Quarrying	..	..	..	..	2
Total number of Workshops on Register					79

5.—OTHER MATTERS. Nil.

(Dated) March 19th, 1914.

(Signature) L. S. TOMKYS, MEDICAL OFFICER OF HEALTH.

